

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5		2				
6						
7						
8		2				
9		2				
10		2				
11						
12						
13						
14						
15						
16	1					
17		1				
18	1					
19						
20						
21	1					
22		2				
23		2				
24			1			
25						
26						
27						
28						
29						
30						
31						
32						
33						
34			1			
35						
36						
37						
38						
39						
40						
41			1			
42						
43						
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.	6		4			
TOTAL DEP.	23		22			
TOTAL CLAIMS	29		26			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS